

**THE STATE OF NEW HAMPSHIRE  
JUDICIAL BRANCH  
NH CIRCUIT COURT**

9th Circuit - District Division - Nashua  
30 Spring Street, Suite 101  
Nashua NH 03060

Telephone: 1-855-212-1234  
TTY/TDD Relay: (800) 735-2964  
<http://www.courts.state.nh.us>

September 08, 2014

**USABLE LIFE  
PO BOX 1650  
LITTLE ROCK AR 72203-1650**

Case Name: **Michael Willard v. USABLE Life**  
Case Number: **459-2014-SC-00626**

Sherry L. Bisson  
Clerk of Court

(459311)

C:

# THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

<http://www.courts.state.nh.us>

NEW HAMPSHIRE CIRCUIT COURT  
9TH CIRCUIT — DISTRICT DIVISION — NASHUA  
30 SPRING STREET, SUITE 101  
NASHUA, NEW HAMPSHIRE 03060  
1-855-212-1234  
[www.courts.state.nh.us](http://www.courts.state.nh.us)

Court Name:

Case Name:

Case Number:  
(if known)

## SMALL CLAIM COMPLAINT

Name MICHAEL WILLARD

Street/No. 11 MADIESHANE DR.

City/State NASHUA, N.H. 03060

Zip Code

**PLAINTIFF**

The Plaintiff claims that the Defendant named below owes the Plaintiff \$ 5000 \*  
(Amount)

because (description of the claim):

SHORT TERM DISABILITY BENEFITS DENIED  
DUE TO SUICIDE ATTEMPT (2) DUE TO SEVERE DEPRESSION  
CO-MORBID CONDITIONS AND PSYCHIATRIC ILLNESSES  
PSYCHIATRIC ILLNESSES IS COVERED BUT NOT (SUICIDE)  
DEPRESSION

Amount of Claim \$ 5000 \*

Court Costs \$ 80

Total \$ 5080

9/5/14  
Date

MICHAEL J. WILLARD  
Plaintiff's Signature

IF YOU ARE SUING A CORPORATION, YOU MUST LIST THE NAME AND ADDRESS OF THE CORPORATE OFFICER TO BE SERVED.

Name L.A. Sanya CRITCHFIELD Phone # 1800 370 5856

Street No. P.O. BOX 1650

City/State LITTLE ROCK, AR. Zip Code 72203-1650

Residence Address if Different

Case Number 201300009840C

**DEFENDANT**

## INSTRUCTIONS TO THE DEFENDANT

If you do not believe you owe this claim, you should write to the clerk of court by the "RETURN DATE", 10-14-14 and ask for a hearing. A date for a hearing will then be set. You may use this form to ask the court for a hearing. Return the second page of the form to the court at the address shown at the top of this complaint. Be sure that you have included the case name and case number as well as your name at the top of the page and retain a copy for yourself. You will hear from the clerk when you are to come to court. For further instructions, see reverse side.

If you do not let the court know that you want a hearing, the court will rule in favor of the plaintiff, and you will be ordered to pay this claim.

Date 9/11/14

Sherry L. Besson  
Clerk of Court

Note: Claims over \$1,500 entitle the defendant to request a jury trial.

Claims in excess of \$5,000 are subject to mandatory mediation.

Notice to the Defendant

You have been sent a Small Claim Complaint which serves as notice that this action has been filed against you in the District Court. You are required to file an answer with the court on or before the Return Date noted on the bottom of the complaint even if you believe you owe the obligation in which case you should write to the court and confess judgment. If you contest the claim you can file an answer by signing and returning the appearance located on the lower back portion of the complaint. Failure to file a written response could result in a default decision for the other party.

Please contact the Court at the phone number noted at the top of the complaint if you have any questions.

Thank you.

\*\*\*PLEASE NOTE\*\*\* The fee for transferring a small claim case to the Superior Court for jury trial is \$ 140.00 effective 7/1/13

9th Circuit - District Division - Nashua  
30 Spring Street, Suite 101  
Nashua, NH 03060

MANCHESTER  
NH 030  
11 SEP '14  
PM 2 L



RECEIVED

SEP 16 2014

Legal



72203165050

